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ABSTRACT

This practicum was designed to set up a training/mentoring program to assist five state-licensed/certified family day care providers to successfully complete the formal application process of the National Association for Family Day Care (NAFDC) and receive NAFDC certification. The major goals of the practicum were: (1) to have five providers become the first in their state to receive NAFDC certification; (2) to have all providers finish the application process; (3) to have all the providers meet NAFDC standards for safety, health, nutrition, learning environment, interacting, outdoor play environment, and professional responsibility; and (4) have three of the providers become future trainers/mentors for family child care training. Twenty family day care providers were interviewed for the program, with the five strongest candidates selected to participate. The five providers received 12 weeks of training and mentoring to assist them in the NAFDC accreditation process. Four of the providers finished the training program and completed the application process, with all four agreeing to become trainer/mentors for future accreditation sessions. Three appendixes contain checklists of provider responsibilities for accreditation, assessment profile criteria, and agreement to become national accreditation trainers. Contains 13 references.
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Developing and Implementing a Training Program
For National Accreditation of
State-Licensed Family Child Care Homes

by

Mary Ann Shallcross

Cluster #53

A Practicum I Report presented to the Ed.D program in child
and youth studies in partial fulfillment of the requirements
for the Degree of Doctor of Education.

Nova Southeastern University

1994

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May 24, 1994
Date of Final Approval of
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ABSTRACT

Developing and implementing a training program for national accreditation of state-licensed family child care homes:
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This practicum was designed to set up a training/mentoring procedure to assist five state-licensed/certified day care homes successfully complete the formal application process of the National Association for Family Day Care. The major goals of the practicum were a) to have five providers become the first in their state to achieve national accreditation, b) have all providers finish the application process, c) have all providers meet the National Association for Family Day Care criteria for safety, health, nutrition, learning environment, interacting, outdoor play environment, and professional responsibility, and d) have three of the providers become future trainers for family child care training. The providers were given 12 weeks of training/mentoring and support that assisted them through the national accreditation criteria. Four of the providers finished the training sessions and the application process. Four providers signed a consent form agreeing to become trainer/mentors for future accreditation sessions.

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CHAPTER I

INTRODUCTION

Description of Community

The writer's work setting is a small New England state in which there are approximately 600 certified family day care homes. The homes are certified by the state's child care licensing agency. Eighty percent of the state-certified providers own their own homes and twenty percent rent their homes. Ninety-five percent of the providers are in a middle-socioeconomic income bracket with the remaining five percent being in a low socioeconomic income bracket. Presently about 100 family day care homes are pending certification by the state licensing agency.

Approximately one-third of the state-certified home providers are members of the state family day care association, and approximately five percent of these members are active members.

Individuals may or may not apply for certification for caring up to three children; however, certification is required by state law when a provider is caring for three to eight children in a home day care setting. Most family child care homes are located in areas zoned residential. The providers involved are predominately females working in their homes and independently providing care for up to six children or employing a full-time assistant and providing

care for eight children.

The children range in age from infancy to school age. The provider's own children are usually a part of the home day care setting.

The typical provider is white, middle class, and operates his or her individual home as a cottage industry.

Writer's Work Setting and Role

The writer and her husband are the co-proprietors of a state-certified day care facility operated out of their own home. The day care facility provides quality care for eight children. The writer has operated the home-based day care for over 20 years; for the first 17 years, the business was directly on site. During the last three years, the writer's capacity changed when she became the co-owner and executive director of three child care centers. In addition, she became a part-time child care consultant both for the day care profession and for a leading supply catalog company.

The writer's day care home is located in a small upper-middle class suburban town of 20,000 that is just two miles outside the state's capital city. The town has all the features and amenities that make it an ideal place for families to reside. The writer's day care home is located directly across the street from one of the town's four elementary schools, making it convenient for parents seeking

school-age day care for their children.

The child care facility is housed in an apartment over a two-car garage that is connected to the writer's home. The day care meets all the state building and fire code requirements that apply to child care facility requirements. The 28-foot-by-28-foot day care facility has indoor areas for play and rest, and it features child-sized equipment. It is separated into areas for housekeeping, dress-up, blocks, library, and writing. There is an adjacent backyard play area that is also furnished with child-sized equipment, including a sandbox, a swing set, a slide, and a playing field.

The writer's business employs two part-time state-certified assistants as well as the writer's husband, who works full time in the facility and is both state certified and state licensed. The writer serves as a substitute when an employee is absent, provides staff training, and develops and oversees the program and the curriculum.

The writer is an active member and past president of the state family day care association. She is the co-chairperson of the family day care legislation committee, and she represents the association on a state child care commission. She was the leader in lobbying for and obtaining statewide family day care zoning that allows family day care homes to operate in residential areas. She

was the co-chairperson responsible for creating a new category of family day care called "group family day care," which is the designation given for the care of 9 to 12 children.

The writer is actively involved in many statewide committees related to the child care profession. She is currently a member of her town school committee, and she is actively involved in town-wide committees that relate to children, youth, and families.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

In the small New England state where the writer has her business, there were no nationally accredited and/or nationally certified day care homes. Therefore, parents did not have the option of sending their children to homes in this category. At the time the writer began the practicum, a day care home's state certification did not assure that the day care home had met any more than the minimum state requirements, which were considerably less rigid than the standards set by various national accreditation bodies. Up until the writer began the practicum, providers had not spent time or money taking the necessary steps to become nationally accredited. The national accreditation process entailed the providers' making some fundamental changes in their home-based family care facilities, changes that would promote safety and professionalism.

While the state had an obvious concern for the safety and welfare of children attending home-based day care facilities, it had been unable to provide a more stringent accreditation process because of a reduction in the number of state employees and a lack of any state funding earmarked for such an effort. In fact, state funding for children and youth had actually decreased each year over the past several years, and there had been virtually no money allocated for

special programs. As a result, the two state agencies directly linked to child care had chosen not to pursue an accreditation process.

While some state-certified providers may have felt national accreditation was a good idea, they lacked the money to invest in the process because of their own budgetary constraints.

Additionally, since there had been no advocates, formal processes, or support groups that would encourage providers wishing to become accredited, the providers had not moved toward achieving higher standards in their home-based day care facilities.

Those most affected by the lack of nationally accredited family care homes were the families who use the day care services and the providers who had not reached a level of competence compatible with national accreditation.

The writer felt that various state and federal agencies would benefit from national accredited day care homes in the state. These agencies included the state licensing agency, the agency handling the federal food program, and the state agency that paid providers for the income-eligible day-care tuition and nutrition program.

The writer felt that the state surely had an interest in making certain that day care facilities exceed state minimum standards. However, since the state was not going

to provide the staff or money to carry out a rigorous state accreditation process, a national accreditation program was all that more important.

Problem Documentation

According to telephone surveys conducted by the writer, there were no nationally accredited day care homes in the state. In their phone conversations with the writer, representatives from governmental agencies directly concerned with children and youth all stated that there were no nationally accredited day care homes in the state. These included the agency handling state block-grant money, the state day care licensing agency, the state agency handling tuition/nutrition payments to income-eligible families, and the federal agency handling the food program.

Additionally and again in phone conversations with the writer, the state family day care association said that there were no nationally accredited homes, and this was echoed by both the National Association for Family Day Care and the National Family Day Care Accreditation Committee.

The fact that there were many providers who wished to become nationally accredited was established by the writer at a monthly meeting of the state's Family Day Care Association. The writer spoke about accreditation to the group of day care providers who were at the meeting, and

after the talk, many providers approached the writer and expressed interest in becoming accredited. Additionally, the state's licensing agency told the writer that providers had called and wanted information about the accreditation process.

According to Nelson (1990), the national accreditation process would help the day care industry in several ways. High on the list was that accredited providers are more professional in their approach to day care, and therefore, far less apt to treat day care casually. Cohen and Modigliani (1992) reported that providers who have gone through accreditation felt they had increased their levels of professionalism and self-esteem, and in some cases the providers also reported higher earnings.

Causative Analyses

There were several reasons why there were no accredited home-based day care facilities in the state. Among the leading causes were the lack of provider funds, the lack of state funds, the lack of awareness, and an absence of trainers. Other reasons included the providers' overall lack of self-esteem and their general unwillingness to allow another outside agency to inspect their facilities. There had been no group pushing the state to get homes accredited, and the state day care association itself had not made accreditation a top priority.

From interviews, observations, and personal experience, the writer was well aware that as a rule, providers' budgets are tight and limited to covering the essentials, such as wages and supplies. Consequently, providers may not have felt that they had enough money to pay for an accreditation process. This may have also been coupled with the reluctance of providers to allow still another outside agency to visit and rate their day care facilities. Many providers did not have formal educations in either early childhood development or a related field; this may have caused them to lack the self-esteem that would normally help them through the process.

While it was within the purview of the state legislature to allocate funds for setting up a state accreditation program, there had been no steps in this direction, and from a practical standpoint, there was little or no likelihood of state funds being allocated for accreditation in the foreseeable future. The state licensing agency had never appropriated money to pursue accreditation for home day care providers.

Accreditation had no one championing the cause; it had not been publicized in any provider newsletters nor in any information disseminated by the state. Because of funding and staffing problems, the state day care association had not made the accreditation process an agenda item.

Providers were not likely to pursue national accreditation on their own. Typically, providers worked 40 to 60 hours a week and were thus limited as to the time they could spend investigating the accreditation process. Moreover, since they were self-employed and worked independently, they were somewhat isolated from information and may not have even been aware that an accreditation process existed or how it could help them.

Because there were no accredited homes in the state, there were no models to follow for providers seeking accreditation. Additionally, there were no trainers to help them through the process, and there had been no funds from which they could draw to accomplish the process.

So while there was a demonstrable need for and interest in national accreditation, no individual or group had ever attempted to meet the demand. If there were to be an accreditation project, there was a need for a formalized program format that included a trainer, a goal, and a time frame for completing the application process.

Relationship of the Problem to the Literature

The literature review revealed that accreditation was a way to strengthen the quality of a family day care home, provide training for the day care workers in the facility, and increase the professionalism of the day care workers, while at the same time reducing the turnover rate.

Quality day care services are essential for the physical, emotional, social, cognitive, and spiritual growth of children enrolled in day care homes. According to Gardner (1992), quality is increased with better regulations and an increased availability of training. Most home day care providers have not been formally educated in home day care; they began home day care both because they wanted to operate a small business and loved working with children. Consequently, many providers have, when teaching and interacting with the children in their care, relied on their own upbringings as a model rather than any formal training.

Crist (1993) discussed the way to assess and access the quality of day care through the voluntary process of accreditation. According to Christ, when an area has accredited day care homes, parents and guardians have the opportunity to select a family care home they know exceeds state standards for overall quality. The National Association for the Education of Young Children believes that increasing numbers of young children are spending significant portions of their days in settings outside their own homes, and that quality early childhood programs provide important educational and nurturing experiences for young children.

Nelson (1989) reported that the accreditation process improved the quality of family day care. Nelson found that

as a direct result of the accreditation process, providers took time to assess their programs and make changes in the physical setting, curricula, and formalized policies.

Modigliani (1990) assessed the quality of family child care by examining how the provider prepared the environment in which children play and explore through hands-on activities. When the provider introduced a developmentally appropriate curriculum into the day care setting, the quality of learning increased for the children in the provider's care.

According to Eheart and Leavitt (1986), training is defined as any course, workshop, conference, or college degree that is specifically concerned with child care. Modigliani (1991) suggested a need for qualified trainers and training programs.

Modigliani (1990) stated that when the accreditation process is taught in a group setting, it gives providers the opportunity to gain insight into good child development techniques as well as the access to training. Further, Modigliani said that the accreditation self-study process is a training tool that provides the home-based provider with the opportunity to re-examine his/her home and make changes that will benefit the children's lives. Modigliani went on to say that the self-study experience increases the provider's desire for more formal training.

La Farge (1990) stated that family day care providers usually have less training in child development than child care center employees do. Lack of training, according to La Farge, means that providers may not offer as rich an environment for learning as most parents would like.

Eheart and Leavitt (1986) wrote that family day care training is generally looked at as less important than the training given to employees of center-based care. The authors recommended at the very least incorporating minimal training requirements into the process for home licensing and certification. They also reported ongoing research on how different kinds of provider training influence the quality of child care in the home setting, and how or if providers' interest in training changes after the providers have received training.

Shuster (1992) discussed the training and educational support that was available to isolated family day care providers through associations.

Nelson (1990) reported that there was a significant improvement in the quality of child care offered by providers after the providers had participated in training. Modigliani (1991) described the family-to-family project and how the accreditation process enhanced home-based training and how home-trained providers can mentor other homes through the accreditation process.

Willer (1987) said that quality standards differ from state to state, and that the public's understanding of such regulations also vary from state to state.

Nelson (1990) pointed out that the accreditation process increased the providers' professionalism and reduced provider turnover. Nelson said that the high burn-out and turnover rates among providers comes not from job dissatisfaction, but from the lack of available training. Willer (1987) reported higher turnover rates among child care workers in the U.S. than for any other job category. Cohen and Modigliani (1992) stated that increased training improved the care that providers offer, while at the same time increasing the providers' professionalism and self-esteem. Modigliani (1992) said that the process used by National Association for Family Day Care for their accreditation emphasized ongoing professional development through workshops, conferences, professional affiliations, appropriate books, and the use of other resources.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of this practicum proposal was to have five state-certified family day care homes complete the application process necessary for them to become nationally accredited. To accomplish this end, the writer developed a support system that formalized the training process and assisted providers through the application process.

The expectation was that (a) the five providers, with the writer's assistance, would complete both the application process and the accreditation requirements and (b) that the providers would then become nationally accredited.

Expected Outcomes

The expected outcomes for provider accreditation process were as follows:

1. Five certified family day care providers in the writer's state would complete an application and apply for national accreditation. The writer would set up a 12-week training session for the 5 providers. The training covered all areas of the accreditation application process, and at the end of the 12-week session, the applications were to be completed. To aid in this process, the writer developed a checklist to keep track of the

progress of each of the five providers (see Appendix A).

2. Five providers would meet all the criteria outlined in the assessment profile for family day care's study guide, they would have in place regulations that would exceed the state requirements, and the homes would meet all national accreditation criteria for safety, health, nutrition, learning environment, interaction, outdoor play environment, and professional responsibility. Each provider's progress would be charted in all areas (see Appendix B).
3. Three of the five providers would agree to become trainers for future accreditation projects. The providers would become workshop and in-home consultants for providers who were in the process of becoming accredited. At the end of the 12-week implementation process, the providers would sign a consent form stating that they were willing to become future trainers.

Measurement of Outcomes

The writer set up 12 weeks of training focusing on the application/assessment requirements that each of the 5

providers had to complete during the national accreditation application process. The requirements included the following:

1. Applying to join the National Association for Family Day Care.
2. Sending in the first application payment for national accreditation.
3. Selecting a parent validator who had a child in family day care but who was not a relative and did not have a child currently attending the applicant's day care facility.
4. Securing from the list provided by the National Association for Family Day Care the name of a national validator. That validator was to then be assigned by the NAFDC.
5. Distributing surveys from the NAFDC to parents of children in the provider's care.
6. Collecting the NAFDC parent surveys.
7. Completing NAFDC provider self-evaluation form.
8. Scheduling visits to the provider's day care home for the parent validator.
9. Scheduling visits to the provider's day care home for the NAFDC national validator.
10. Mailing in all assessments and final payments to NAFDC.

It should be explained that as part of steps five and six, the providers distributed NAFDC questionnaires to the parents of children attending the home day care. The parents would complete the surveys and return them to the provider who would then include the filled-out questionnaires as part of the provider's application packet. Also included in the application packet was a NAFDC self-evaluation profile mentioned in step seven.

Each provider kept an assessment portfolio that included all the NAFDC requirements (safety, health, nutrition, learning environment, interaction, outdoor play environment, professional responsibility) of the application assessment process. After the writer reviewed these portfolios, the writer gave the providers a written determination of whether or not the application procedures had been completed correctly. To accomplish this, the writer gave the providers a checklist covering all the criteria (health, safety, etc.) of the application process. As the various criteria were met, the writer and the provider would check off the appropriate box, and the writer would keep the checklist. Upon completion of individual segments, each provider was to be given a written assessment report noting the completion of the segment.

The third goal was to have three providers sign the consent form indicating that they had agreed to become

future trainers (see Appendix C).

Mechanism for Recording Unexpected Events

The writer kept a journal of any unexpected events. The journal was updated weekly and used in writing the final report. Supplementing the journal was a tape recorder on which the writer recorded relevant thoughts and events.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The problem was that a small New England state had no nationally accredited family day care homes.

Cohen and Modigliani (1992) stated that the accreditation process would give providers a concrete definition of what quality means in a family day care, which in essence, would give the providers the tools they needed to do a better job. The National Association for Family Day Care (NAFDC) set forth an accreditation process that could be accomplished either solely by the provider or by the provider working within a group.

Spitzley and Piper (personal communication, August 1993), National Accreditation Commission members, reported that as of 1993 there were 514 National Association of Family Day Care accredited providers. Spitzley and Piper further explained that the national accreditation process could be accomplished either by the providers working on their own or by providers working in a group.

Using the first method, providers who had been state certified or licensed for at least 18 months could choose to go through the accreditation application process entirely on their own. If providers chose to go this route, they would create a time line and, using whatever assistance and resources are available, had to complete the process within

90 days from the time they received approval to begin from the national organization. Nationwide, according to Spitzley and Piper, many providers had become accredited this way.

The second accreditation technique was the group venture method; this was the method the writer chose. K. Hollestelle (personal communication, August 1993) of the Children's Foundation in Washington, D.C., stated that there had been three group accreditation projects across the country: one in Alexandria, Virginia; one in Austin, Texas; and one in San Mateo, California.

Cohen and Modigliani (1992) wrote that there had been additional national accreditation group training sessions in Oregon, Oklahoma, and Texas. This group training had been accomplished in course work that ranged from 6 to 36 hours.

Each of these accreditation projects had had trainers to teach provider groups of 3 to 15 individuals. In a phone conversation with the writer, Betty Cassidy, a trainer from Virginia, and Carlene Bennett, a trainer from California, stated that the training sessions they had held had been highly successful.

The writer set up a 12-week training session that focused on the accreditation application process, using the Assessment Profile for Family Day Care Study Guide (Sibley and Shim, 1992), a publication from the National

Association for Family Day Care. After interviewing interested providers, the writer along with Sue Connor, Child Care Training Systems Project Manager, selected five for the accreditation process. Then, throughout the 12-week training session, the writer worked with the five providers to see that the providers' day care homes met all the requirements for accreditation.

The writer drew on many resources to accomplish the goals of her project, including the state's block grant training department, the National Association for Family Day Care, Wheelock College, the Children's Foundation, and the state's day care association.

As mentioned above, Cassidy and Bennett trained groups of providers who were interested in beginning the accreditation process, and Cassidy and Bennett reported to the writer that many of the providers they had trained got grant money from various sources.

In the writer's state, the state block grant training agency provided the funding for this pilot accreditation project, while the National Association for Family Day Care, Wheelock College, the Children's Foundation, and the state day care association served as resources for all groups seeking their aid in the area of child development.

Description of Selected Solution

The writer mentored five family day care providers

through the national accreditation process, which was designed to create enhanced levels of quality and professionalism within the five homes.

Modigliani (1990) stated that there were several advantages to the accreditation process:

1. It identified standards of quality.
2. It created choice for families seeking day care.
3. It gave providers national recognition.
4. It recognized the small business aspect of the service.
5. It increased provider self-esteem.
6. It drew providers into training and continuing education.

The measure of success of the first of the project's goals was found in the number of providers who completed the application process and received national accreditation. Throughout the process, the writer, serving as both trainer and mentor, encouraged the providers to complete the assigned tasks.

The 12-week training sessions kept the providers on a time line and the sessions served as forums for the exchange of policies, ideas, and information. Moreover, the providers, working together toward a common goal, acted as support for one another.

By the time the providers were scheduled to meet all

the criteria outlined in the Assessment Profile for Family Day Care, they were to have created an environment of quality and professionalism in their day care homes; they were to have met rigid standards for safety, health, nutrition, learning environment, interacting, outdoor play environment, and professional responsibility.

The measure of success of the third goal, to have three of the providers become future trainers, was to be exhibited by the providers agreeing to become mentor/trainers, thereby enriching the entire state by spreading quality and professionalism in day care.

Report on Action Taken

The projected time for establishing, implementing, and evaluating the national accreditation program was 12 weeks. Specific goals were set for each of the 12 weeks.

During the first week of the training session, the writer met with five state-certified family day care providers who had applied to begin the national accreditation process. The first meeting served to orient the participants; the five providers became acquainted with one another, and a calendar of future activities and training sessions was completed. Each provider completed the membership application and mailed it to the National Association for Family Day Care (NAFDC) office; this started the formal accreditation application process. As required

by NAFDC, a parent validator was named by each provider.

- All five providers agreed to follow the weekly typed agendas that were to be provided by the writer. According to the schedules, in the following weeks the writer would lecture on one NAFDC study guide topic each week, i.e., safety, health, nutrition, learning environment, interacting, outdoor play environment, and professional responsibility. Following each lecture, the providers would have discussions in which they decided how best to implement the new ideas into their home day care. Additionally, a registered nurse was scheduled to come in to train the providers in first aid and cardio-pulmonary resuscitation (CPR) once the other study guide topics had been covered.

In the second week, the writer met with the providers to cover the safety section of the study guide. After a formal lecture on how to make their day care homes safe, the providers discussed ideas and shared solutions that might bring all the homes into NFDCA compliance. The writer met separately with the practicum verifier to discuss the practicum's direction, and the writer and verifier agreed to provide telephone updates to one another. The verifier also agreed to assist in procuring state block grants which would be earmarked to help pay for the accreditation process.

In the third weekly accreditation training session, the writer, following the NFDCA study guide, lectured on health

in the family day care. After a formal lecture on how to make their day care homes healthy, the providers discussed ideas and shared solutions that might bring all the homes into NFDCA compliance. Prior to the meeting, one of the five providers decided to discontinue her participation in the accreditation process. During the week, the practicum verifier reported to the writer that the initial state block grants were still in process and that the initial grants would be delayed.

In the week four training session, the writer covered nutrition in the family day care home as it related to the study guide. After the lecture, the providers discussed ideas and shared solutions that might bring all the homes into NFDCA compliance.

During the fifth training session, the writer lectured on the learning environment of the day care home as it related to the study guide. After the lecture, the providers discussed ideas and shared solutions that might bring all the homes into NFDCA compliance. The discussion resulted in providers rearranging their homes to make them more child oriented.

Interacting was the topic of the sixth weekly training session. After the lecture by the writer on interacting, the providers discussed ideas and shared solutions that might bring all the homes into NFDCA compliance.

In the seventh weekly training session, the writer covered the outdoor play environment in the day care home as it relates to the study guide. After the lecture, the providers discussed ideas and shared solutions that might bring all the homes into NFDCA compliance. Two of the providers discovered that they would not be able to come into NFDCA compliance because their stationary outdoor equipment could not be moved to the required six-foot distance from walls or fences.

Professional responsibility was the topic for the eighth-week training session, and the writer lectured on professional responsibility in the day care home as it relates to the study guide. After the lecture, the providers discussed ideas and shared solutions that might bring all the homes into NFDCA compliance. The providers realized that they needed to develop or update their own policies pertaining to operating a small business and interacting with families. The writer assisted the providers in forming new policies, and each provider shared with the group her own personal policies and handbooks. Later in the meeting, the writer gave a mini-workshop on how to become a trainer and how to conduct workshops. During the week, the state block grants were received and forwarded to the NFDCA, so that the remaining four providers could get the formal application packets.

In the ninth weekly training session, a registered nurse lectured the providers on first aid and CPR.

During the tenth week, the writer visited each of the four providers' home day cares to provide technical assistance. With the help of each provider, the writer surveyed each home, and following the NFDCA study guide self-evaluation form, the writer and each provider then made changes in the provider's day care that would bring the day care into NFDCA compliance. This was in anticipation of parent validator and national validator visits.

The writer was available during the eleventh week of the practicum to answer questions or offer assistance to the providers as they completed the application process. The providers reported that they had not received the formal accreditation applications from NFDCA. The writer called NFDCA's chairperson to ask about the delay. The chairperson responded that NFDCA was having a difficult time finding national validators who would go into the providers' homes and complete the application process. The chairperson asked the writer if she could assist NFDCA in procuring the services of qualified individuals who would act as national validators. The writer contacted colleagues in the child care profession and secured the services of four professionals versed in family day care. Once the writer's colleagues had been named national validators by NFDCA, they

began scheduling the national accreditation surveys with the four providers from the writer's group. The delay had lasted eight weeks, during which time the writer kept in touch with the providers. Once the accreditation packets were sent to the providers by NFDCA, the writer sent the providers a review sheet and encouraged them to review the training sessions. Each of the providers agreed to complete the practicum checklist (see Appendix A) by February 28, 1994.

The group met one last time to finish the formal application process. Each of the remaining four providers had completed the requirements for the application process and the writer mailed in the completed application packets with the final application payment.

Upon completion of the accreditation application process, the providers critiqued the program using a form provided by the writer (see appendix D). The providers returned the written critiques to the writer and each supplemented the written critique with a verbal critique. The critiques included recommendations for continued support by the writer and the group through the final stages of accreditation. The writer volunteered to stay on as a consultant until all the providers had finished the accreditation process.

CHAPTER V

RESULTS, DISCUSSION, AND RECOMMENDATIONS

Results

The writer and her husband are the co-proprietors of a state-certified day care facility operated out of their own home and providing care for eight children. The writer has operated the home-based day care for over 20 years.

While the majority of home-based day cares in the writer's state are licensed by the state, state licensing is only one way to assure a quality day care. Because of budgetary constraints and a lack of personnel, the state revisits home-based day cares only at two-year intervals for license renewals. The writer proposed to supplement the state-licensing process by developing a pilot program to have five home-based day cares become nationally accredited by the National Family Day Care Association (NFDCA), an association dedicated to achieving quality standards in home-based day care. At the time the pilot program was proposed, there were no nationally accredited family child care homes the writer's state.

The writer's first goal was to have five certified family day care providers in the writer's state complete an application and apply for national accreditation through NFDCA. At the end of the 12-week training session, the writer anticipated that the 5 providers would have completed

their applications and sent them in to NFDCA.

Twenty providers applied to become part of the national accreditation process. Twelve of those 20 providers were qualified, and after an interview process, the writer and the practicum verifier selected 5 providers to begin what was originally planned to be a 12-week process. After two training sessions, one of the providers, citing other responsibilities, withdrew from the project, and the remaining four continued. At the 11-week mark, when NFDCA was to schedule home visitations by their national validators, the program came to an 8-week standstill. NFDCA said it did not have any validators available to visit the homes. In an effort to get the project back on track and at NFDCA's suggestion, the writer provided NFDCA with names of competent professionals in the field of home-based day care, professionals who the writer felt could serve as national validators. NFDCA contacted the individuals suggested by the writer; after receiving validator status from NFDCA, the validators scheduled home visits with each of the four provider home-based day cares.

The second goal of the writer was that all five providers would meet all the criteria outlined in the assessment profile of the NFDCA study guide. The five homes were to have in place regulations that were to exceed the state requirements, and the homes were to meet all NFDCA

accreditation criteria for safety, health, nutrition, learning environment, interaction, outdoor play environment, and professional responsibility. Each provider's progress was charted in each area (see Appendixes A and B). Meeting all of the NFDCA criteria was not, as it turned out, a realistic goal, and the writer was eventually told as much by NFDCA. The NFDCA study guide listed 277 accreditation criteria that providers were to meet; however, the writer was informed by NFDCA that the providers did not have to meet 100% of the criteria in order to qualify for national accreditation. According to NFDCA, their scoring system was based on a percentage of how many of the criteria were met and did not assume that providers would meet each criterion.

The third goal of the practicum was that three of the five providers were to agree to become trainers for future accreditation projects. At the end of their own 12-week accreditation process, the providers were to sign a consent form stating that they were willing to become workshop and in-home consultants for other providers who would go through the accreditation process in the future.

In an effort to meet this goal, the writer included in the training sessions information on how to be a leader/trainer and how to present a workshop.

At the end of the accreditation process, all four of the providers agreed to become trainers/consultants for

future training programs.

DISCUSSION

To begin the process for getting 5 home-based family day care providers nationally accredited, the writer first interviewed 20 family day care providers and then chose the 5 strongest candidates. The writer began the training sessions with the objective of getting each of the 5 providers to meet all of the 277 outlined in the NFDCA study guide.

As the writer and the providers got some weeks into the process, it became evident that the four providers who remained in the program would not be able to meet each of the criteria. Representatives from NFDCA informed the writer (personal communication, November 1993) that not all of the 277 criteria had to be met by the providers; however, those same representatives would not be specific in providing information as to which of the criteria were more important than others. While on the one hand, the knowledge that all the criteria did not have to be met took some of the pressure off the process, the mystery as to which of the criteria were more important than others left the participants with much anxiety. The writer attempted to allay this anxiety as much as possible by having each of the providers meet as many of the 277 criteria as possible.

State block grants were to be given to each of the

providers to cover the cost of the accreditation application process. Part of the application package that NFDCA provides is a study guide around which the training sessions were set up. When the state grants were not appropriated in a timely manner, the writer began to worry that since none of the providers had a study guide, the original time line for the project would be upset. In order to keep the process on track while waiting for the state grants, the writer photocopied the NFDCA study guide and gave a copy to each of the providers. When, at last, the state grants came through, the providers each got an accreditation application package, including their own study guides, and the process remained on schedule.

As the conclusion of the training sessions approached, the writer contacted the NFDCA so that the national validators might be assigned. NFDCA, however, informed the writer (personal communication, December 1993) that there were no national validators to service the four remaining providers. The writer was asked by NFDCA to recommend day care professionals from the local area who could act as national validators. The writer submitted to NFDCA the names of four recognized day care professionals who were well qualified to act as national validators. After interviewing the individuals recommended by the writer, NFDCA named them national validators, and the accreditation

application process continued toward its conclusion; however, the lack of national validators had thrown the accreditation application process off by eight full weeks.

While the national accreditation application process did not go as smoothly as first envisioned, the writer is very pleased that the process was undertaken. The practicum reaffirmed the writer's belief that professionalism is one of the most important ingredients in home-based family day care, and an area that can be improved upon with formal training. Each of the four providers was enthusiastic in her praise of the process, and each is looking eagerly to being one of the first four family day cares in the state to be nationally accredited.

RECOMMENDATIONS

The writer recommends the following to anyone wishing to set up a national accreditation process for family-based day care:

1. Have between 6 and 12 providers per training session.
2. have national validators confirmed with the national association at the beginning of the training sessions.
3. Know the mechanics of the national scoring procedure in advance in order to assist the providers in meeting the accreditation criteria.

4. Continue the 12-week training session in its present form and include the providers' employees in the CPR/first aid class.
5. Provide technical assistance to each provider.
6. Schedule convenient times and dates in order to accommodate providers' schedules.
7. Review the criteria with the providers before they are selected.
8. Have a "mini" workshop for selected applicants, day care employees, and day care families to explain the accreditation process.
9. Include minority, handicapped, and low-income providers.
10. Include a training session that relates to provider self-esteem.

DISSEMINATION

The writer plans to issue a copy of the practicum to her state and national child care associations as well as to Rhode Island Child Care Training System that sponsored the accreditation project.

Additionally, since there is currently no information available to the public about the accreditation process, the writer will rewrite the practicum into handbook form and submit it for publication. The writer then plans to present

the handbook at local, state, and national day care conferences.

REFERENCES

- Cohen, N. & Modigliani, K. (1992). The family to family project: Results, best practices, and lessons learned. New York, NY: Families and Work Institute.
- Crist, D. (1993, February). The quest for accreditation. Rhode Island Parents Paper, p. 3.
- Eheart, B. K. & Leavitt, R. L. (1987, June). Training day care home providers: Implications for policy and research. Early Childhood Research Quarterly, 119-132.
- Gardner, M. (1992, July). Working Mother, p. 36.
- La Farge, P. (1990, January). Parents Magazine, p. 56.
- Modigliani, K. (1990). Assessing the quality of family child care. Boston, MA: Wheelock College, Family Child Care Project.
- Modigliani, K. (1991). Training for family child care providers. Boston, MA: Wheelock College, Family Child Care Project.
- NAEYC (1987, July). Position statement on licensing and other forms of regulation of early childhood programs in centers and family day care homes. Public policy report. Young Children, 64-68.
- Nelson, M. J. (1989). Does training make a difference? Research Report (143) p. 10.
- Nelson, M. K. (1990, March-April) Children Today 19, p. 6.
- Sibley, A., and Shim, M. A. (1992). Assessment profile for family day care: Study guide. Atlanta, GA: Quality Assist Inc.
- Shuster, C. K. (1992, July). Young Children, 29-35.
- Willer, B. (1987, September). Quality or affordability: Trade-offs for early childhood programs. Young Children, 41-43.

APPENDIX A
FAMILY DAY CARE PROVIDER RESPONSIBILITIES
FOR NATIONAL ACCREDITATION APPLICATION

Checklist						
PROVIDER	1	2	3	4	5	
Apply to national association						
Send first payment for application						
Secure parent validator						
Secure national validator name						
Distribute parent surveys						
Collect parent surveys						
Complete self-evaluation						
Schedule parent validator home visit						
Schedule national validator home visit						
Mail in all assessment requirements and final payment						

APPENDIX B
ASSESSMENT PROFILE CRITERIA FOR FAMILY DAY CARE PROVIDERS

Checklist					
PROVIDER	1	2	3	4	5
Safety					
Health					
Nutrition					
Learning Environment					
Interacting					
Outdoor Play Environment					
Professional Responsibility					

APPENDIX C

PROVIDER AGREEMENT TO BECOME NATIONAL ACCREDITATION TRAINER

Checklist						
PROVIDER	1	2	3	4	5	
Agree to become trainer/mentor						